Recommendations of the Main Board of the Polish Society of Otorhinolaryngologists, Head and Neck Surgeons for providing services during the COVID-19 pandemic for outpatient and hospital practices

Małgorzata Wierzbicka[1], Kazimierz Niemczyk[2], Ewa Jaworowska[3], Paweł Burduk[4], Jacek Składzień[5], Witold Szyfter[1], Jarosław Markowski[6]

[1]Institute of Human Genetics, Polish Academy of Sciences, Poznan, Poland
[2]Department and Clinic of Otolaryngology, Head and Neck Surgery, Medical University of Warsaw, Poland
[3]Department of Otolaryngology and Laryngological Oncology, Pomeranian Medical University, Szczecin, Poland
[4]Department of Otolaryngology, Phoniatrics and Audiology, Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University of Torun, Poland
[5]Department of Otolaryngology Jagiellonian University Medical College Cracow, Poland
[6]Departament of Laryngology, Faculty of Medical Sciences in Katowice, Medical University of Silesia in Katowice, Poland

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ABSTRACT: Recommendations of the Main Board of the Polish Society of Otorhinolaryngologists, Head and Neck Surgeons for providing services during the COVID-19 pandemic constitute the guidance to outpatient and hospital practices in all cases where contact with a patient whose status of COVID-19 is unknown. They have been created based on world publications and recommendations due to the current state of the COVID-19 pandemic. Justification for suspension of planned provision of services in the first phase of a pandemic was presented. The indication of the best medical practices for the time of stabilization, but with the persistence of the risk of COVID-19 infection in the population are discussed. The possibility of providing services in the following months of the pandemic is important. We provide the rationale for launching medical activities and indicate optimal practices until the consolidation of SARS COV-2 prevention and treatment methods.

KEYWORDS: COVID-19, epidemy, head & neck, outpatient, surgery

ABBREVIATIONS

CT – computed tomography
LTS – Laryngotracheal stenoses
ORL – otolaryngology
PCR – polymerase chain reaction
PPE – Personal Protective Equipment
RRP – Recurrent respiratory papillomatosis

These recommendations apply to outpatient and hospital practices in all cases where contact with a patient whose status of COVID-19 is unknown or suspicious. They have been created based on world publications and recommendations, published before 15/04/2020 [1]. The first study for Polish otorhinolaryngologists was published in the Polish Otolaryngological Review on March 29, 2020 [2].

Recommendations for the management of patients infected with COVID-19 were presented by the Polish Society of Epidemiology and Infectious Diseases [3]. Numerous management algorithms in the field of anesthesiology and intensive care have also been published [4, 5] and surgery [6].

SUMMARY OF RECOMMENDATIONS FOR OTORHINOLARYNGOLOGY DUE TO THE CURRENT STATE OF THE COVID-19 PANDEMIC

Justification for suspension of planned provision of services in the first phase of a pandemic and an indication of the best medical practices in the field of otorhinolaryngology (ORL speciality):

1. The spread of COVID-19 mainly occurs via the droplet route and through the exhaled aerosol. The course of viral infection can vary in severity, and a high percentage of people remain asymptomatic;

2. Physical examination of the mouth, pharynx, nose and larynx, as well as procedures on the upper and lower respiratory tract cause

the highest risk of infection. The spread of infection may occur when procedures are not followed when dealing with a patient infected with COVID-19, or it may be due to accidental contamination if the status of the asymptomatic patient is unknown or the infection is atypical [7–9];

3. Otorhinolaryngologists are the group most at risk of COVID-19 infection, alongside anesthesiologists performing intubation. These groups of specialists are exposed to a very high viral load [10–15];

4. The priority in everyday otorhinolaryngological practice is self-protection with Personal Protective Equipment (PPE), which should take place in every case of examination of a patient of unknown COVID-19 status [16];

5. PPE consists of: a hair shield, eye protection (goggles, visors), face-approved masks (N95 respirator, i.e. FFP2/3), a barrier apron and two layers of surgical gloves;

6. The use of PPE is aimed at the safety of: medical personnel, trainees and residents, as well as patients [17];

7. Patient segregation in the preoperative status of COVID-19 is a priority when referring to surgical treatment. The algorithm of patient segregation depends on the country, hospital status, and testing capacity;

8. One's aim should be doing a swab and PCR test for COVID-19.

Outpatient Department

1. It is recommended to fully secure the medical staff with PPE, in every examination of a patient whose COVID-19 status is unknown [16, 17];

2. When organizing patient admissions, conditions for maintaining appropriate social distancing must be observed and patients must wear personal protective equipment;

3. Fiber endoscopy and rigid endoscopy (nasal endoscopy, laryngoscopy) are the procedures with the highest risk of virus transmission, thus full PPE is obligatory when dealing with patients whose COVID-19 status is unknown;

4. Outpatient visits should be limited to oncology, urgent cases and all cases where there is a risk of deterioration of health if the service is not provided. Particular attention should be given to the organization of visits to patients with tracheotomy and laryngectomy, including rigorous protection of the medical staff and co-patients [18–21];

5. The above applies to all outpatient surgical procedures in otorhinolaryngological practices.

Surgery

1. It is recommended to fully secure the team in PPE in every examination of a patient whose COVID-19 status is unknown;

2. Prior to admission to the ward, the necessary space between awaiting persons must be ensured. All of them should follow the use of personal protective equipment;

Tab. I. Example of schedule for patient segregation procedure*.

negative epidemiological history	YES	NO
declared no contact with infection		
negative initial clinical examination		
without fever, cough, shortness of breath etc.		
without anosmia, ageusia		
without intestinal disorders, conjunctivitis		
	Container/ Tent/Room A Admission to the hospital	Container/ Tent/Room B COVID-19 testing Isolation

Tab. II. List of otolaryngological surgery procedures performed in the first phase of the pandemic COVID-19*.

SPECIALITY	THE SCOPE OF PROCEDURES
Head & Neck	Full range of services within stages 1, 2, 3 of the oncological treatment path; Routines: initial and expanded diagnostics, diagnostic procedures, oncological board meetings and treatment in accordance with the board's recommendations.
Laryngology	All conditions that may cause dyspnoe. All precancerous conditions; Leukoplakia of the vocal folds; Recurrent respiratory papillomatosis (RRP); Laryngotracheal stenoses (LTS).
Otology	Complications of acute and chronic otitis media; Otorrhea closure; Chronic otitis media with cholesteatoma, in cases that can lead to middle ear-related complications.
Rhinology	Complications of chronic sinusitis; Endoscopic surgery in cases of unilateral lesions with a strong suspicion of development of proliferative phase; Rhinorrhea closure.
Other	Emergency procedures; All urgent conditions, bleeding, dyspnoe, impacted foreign bodies, injuries.

3. Particular emphasis should be placed on triage, i.e. determining patient status regarding COVID-19. All infected, negative and unknown COVID-19 patients should be segregated. It is necessary to implement careful diagnostics, available at the moment and optimized as new diagnostic tools are obtained (Tab. I.);

4. One's aim should be doing a swab and PCR test for COVID-19;

5. Surgical procedures should be limited to oncology, urgent conditions, cases where there is a risk of deterioration of health if the service is not provided (Tab. II.) [19–22].

II GUIDELINES FOR OTOLARYNGOLOGISTS FOR THE TIME OF STABILIZATION, BUT WITH PERSISTENCE OF THE RISK OF COVID-19 INFECTION IN THE POPULATION

The second part of the COVID-19 pandemic recommendations for otorhinolaryngologists are suggestions for the possibility of

providing services in the following months of the pandemic. We provide the rationale for launching medical activities and indicate optimal practices until the consolidation of SARS COV-2 prevention and treatment methods.

1. The priority is to maintain unrestricted access to treatment for cancer patients [23–26];

2. The persistence of the epidemic risk COVID-19 remains difficult to determine. Estimates indicate the possibility of an epidemic escalation in the cool autumn/winter season of 2020/2021. Imposition with seasonal influenza cannot be ruled out;

3. Patients with chronic inflammation within the mouth, paranasal sinuses and throat are at increased risk of developing complications from seasonal flu. Therefore, eradication of pathology should be considered according to the previously planned date of surgery in the summertime, assuming stabilization of COVID-19. It is then necessary to create safe conditions for patients and medical staff;

4. We strive to meet the deadlines for elective treatment for all patients whose postponement of surgery would result in a significant deterioration of health. It concerns purulent processes of the ears, salivary glands, soft tissues.

"Planned" admission to the oncological path and urgent hospitalization

- Body temperature measurement at the entrance to the hospital;
- Survey completed pending admission at a segregation point.

After admission to the hospital, after establishing the medical history, but before entering the surgical ward additional diagnostics: morphology + peripheral blood smear and low-dose chest CT is performed

- Path A: Correct/Correct → admission to the surgical ward;
- Path B: CT norm, smear – lymphocytopenia → referral to the observation department + swab for COVID-19;
- Path C: CT suspected/abnormal, smear standard → referral to the observation department + swab for COVID-19;
- Path D: CT and smear suspected → urgent testing for COVID-19.

The doctor notifies the State Sanitary and Epidemiological Station by phone and sends notification by e-mail. In the absence of places in the ward indicated for the isolation of patients awaiting the result of examination for SARS-CoV-2 infection, the patient should be hospitalized in the treatment ward while ensuring adequate isolation conditions.

Patients in the observation and isolation ward after the first COVID-19 testing

- Path A: First negative COVID-19 test → swab repeated after 5 days in the presence of risk factors (patient from a region/hospital with a high number of cases, contact with an epidemic outbreak); waiting for the result of the second test is indicated, when there is a possibility of delay without a significant deterioration of health. Second swab negative → admission to the surgical department;
- Path B: First positive COVID-19 test → transfer of the patient to the Infectious Hospital or in the absence of symptoms for home isolation.

Admission of disabled patients, minors with caregivers

- If possible, postpone admission of patients requiring a caregiver;
- A patient who requires a stay with a guardian cannot be deprived of this right;
- Guardian/caregiver logistics should be subjected to the procedure as an asymptomatic/symptomatic patient (at admission, they should complete the interview card, provide contact details, etc.);
- The guardian/caregiver may move around the hospital to a limitedextent, (e.g. they cannot go to the canteen), they can use all facilities (the restroom and bathroom). The caregiver must avoid contact with other patients, they must wear a mask at all times and follow the instructions of the medical staff in the epidemiological field. The department provides masks for the patient (if they are able to wear it) and their caregiver.

*examples from the Heliodor Święcicki Poznań Medical University Hospital, April 20, 2020.

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Corresponding author: prof. Małgorzata Wierzbicka MD PhD; Institute of Human Genetics, Polish Academy of Sciences, Poznan, Poland; Heliodor Swiecicki Clinical Hospital, Przybyszewskiego Street 49, 60-355 Poznan, Poland; E-mail: otosk2@ump.edu.pl

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